## 'MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

APPLIC

10/552916

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1 * AMENDMENT		AFTER 2 ™ AMENDMENT	
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CLAIMS		U.S. DEPAR				<b>7/3</b>		
	U.S. DEPARTMENT of COMMERCE							

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